

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99032 Office of Registrar and Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1887

Full Name of Deceased, Edward McKee
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Driver

Birth Place, Batho
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 1032 Hillman St
{ Give Street and Number. }

Cause of Death, Diphtheria
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, April 5th

Undertaker, H. C. Wiedefeld

Place of Business, 916 Greenmount Ave Address, 717 N Calver

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 99033 Office of Registrar of Vital Statistics.

Ward 12¹¹

The Physician who attended any person in a last illness, or who is present at the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 4th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ann E Carroll

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

7 4

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

None

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

4 years

Place of Death,

{ Give Street and Number. }

1701 Bolton St Balt

Cause of Death,

{ First (Primary),

{ Second (Immediate),

Paralysis

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt Cemetery

Date of Burial,

April 6th 1887

Geo H. Cairnes

M. D.

{ Undertaker,

Stewart & Mowbray

Medical Attendant.

{ Place of Business,

215 217 Park Ave Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 99034 Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Esmond

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 51 Years, _____ Months, _____ Days

Color, White

Married, ~~Single~~ ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } 917 E. Pratt St.

Cause of Death, { First (Primary), Second (Immediate), } Pleurisy
Exhaustion

Duration of Last Sickness, About six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 5th 1887

Undertaker, H. Gander & Son J. B. Schwatke M. D.

Medical Attendant.

Place of Business, 1708 + 1710 Canton Ave Address, 933 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 99035 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Noonan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 39 Years, 00 Months, 00 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give Street and Number. } 11 Jacksons. Ct.

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial, April 5 1887

{ Undertaker, W. Cadogan } James H. Munn M. D.

{ Place of Business, 696 Mulberry } Comm'r of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Dunning Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 99036 Office of Registration and Vital Statistics. Ward 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Doreas Kennard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 82 Years, ✓ Months, ✓ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Calvert Co. Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give Street and Number. } 545 Clifford St

Cause of Death, { First (Primary), Second (Immediate), } Paralysis
Diarrhoea

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Cemetery

Date of Burial, April 4 1887

Undertaker, W. H. Chase A. M. Hoar M. D.

Place of Business, 41 Howard St Address, 1019 Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 77037

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4 "87
Full Name of Deceased, John H. Roach
Sex, Male or Female, Male
Age, 4 Years, 4 Months, Days.
Color, Colored
Married, Single, Widow or Widower, Single
Occupation, Fall City
Birth Place, Fall City
Duration of Residence in the City of Baltimore, Life
Place of Death, 1007 W Front St.
Cause of Death, Syphilis Congenita
Duration of Last Sickness, All its Life

Place of Burial, Laurel Cemetery
Date of Burial, April 5 "87
Undertaker, C. S. Gutter
Place of Business, Address, Camp 86 RR

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 99038

Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1887

Full Name of Deceased, Frank Dural

Sex, Male or Female, Male

Age, 4 1/2 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, Single

Occupation,

Birth Place, Kokomo Indiana

Duration of Residence in the City of Baltimore, One week

Place of Death, M & R Hospital

Cause of Death, Cerebral Disease

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 6/87

Undertaker, Denny & Mitchell

Place of Business, 1201 W. Balb. Address,

T. A. Ashby

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 99039 Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Veronica Gibbons

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 7 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, 3 Bats

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bats

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 411 Central av

Cause of Death, { First (Primary), Second (Immediate), } Remittent fever

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept. 7th 1887

Undertaker, N. F. Curran

Place of Business, 53 S Broadway

Address, 711 N Calvert St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 99049 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 2, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt. H. Williams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, About 70 Years, _____ Months, _____ Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Don't know

Place of Death, { Give street and Number. } 136 East St.

Cause of Death, { First, (Primary,) Second, (Immediate,) } Rheumatism
Heart clot.

Duration of Last Sickness, few days

All the above information should be furnished by the Physician.

Place of Burial Green Cemetery

Date of Burial April 6 1887

Undertaker, Herbert Ross M. D.,

Place of Business 404 E. North Ave. Address, 85-1 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99041 Office of Registrar of Vital Statistics.

Ward 3¹¹⁵

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Strong

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 Years, — Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married ✓

Occupation, Oyster shucker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Co

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } Old No 181 N Bethel St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Abney Green

Date of Burial, Apr 5/1887

Undertaker, W W Madsen } D W Cuthrie M. D.

Medical Attendant.

Place of Business, 76 East St Address, 4 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]